

Student Information Sheet

Name: _____

Contact Info

Parents/Guardians Names (First & Last):	With whom do you live?
Which city or town do you live in?	How do you get to school (walk, bus, bike, etc.)?

Preferences

Check all that apply.

Learning Information:	I enjoy:	At the school I want to be:	Outside of school I:
<input type="checkbox"/> English is my second language. <input type="checkbox"/> I need to sit close to the teacher. <input type="checkbox"/> I have difficulty seeing the Apple TV for demonstrations. <input type="checkbox"/> I have a Learning Strategies Teacher. If the answer to the above question was yes, please put his or her name below. _____	<input type="checkbox"/> working in group <input type="checkbox"/> working alone <input type="checkbox"/> reading <input type="checkbox"/> artistic activities <input type="checkbox"/> hands-on work <input type="checkbox"/> using computers	<input type="checkbox"/> on a sports team <input type="checkbox"/> part of a club <input type="checkbox"/> part of a band/choir	<input type="checkbox"/> play sports <input type="checkbox"/> play video games <input type="checkbox"/> watch TV <input type="checkbox"/> spend too much time on the computer.

Background Check

Do you have any health concerns or allergies? (No one is allergic to homework)

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Tell me three **interesting** or **unique** things about yourself that might surprise me.

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